

Mr Raj Wadhwani

# Newmarket Road Dentistry

## Inspection Report

165-167 Newmarket Road  
Cambridge CB5 8HA  
Tel: 01223 321855  
Website: [antwerpdentalgroup.co.uk](http://antwerpdentalgroup.co.uk)

Date of inspection visit: 11 January 2016  
Date of publication: 17/03/2016

### Overall summary

We carried out an announced comprehensive inspection on 11 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

Newmarket Road Dentistry is one of nine practices owned and run by the provider in the Antwerp House Group. It provides both NHS and private dentistry to patients and

is based in the centre of Cambridge. The practice does not have its own parking and patients use public parking in the local retail areas. It is also close to a main bus route. The practice is located on three floors of the building and has limited access for patients with a disability.

The practice employs four dentists, a dental hygienist, one qualified dental nurse and two trainee dental nurses. This team are supported by an acting practice manager and an assistant manager/receptionist. The service opens weekdays 8am-5pm with extended opening hours until 6pm on Thursdays.

The service did not have a registered manager at the time of the inspection visit although the acting manager was preparing to submit an application for this role. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Ten patients provided feedback about the service. Patients told us they had a good experience of care and treatment at this practice. Staff were friendly, put them at ease and listened to their needs.

#### **Our key findings were:**

# Summary of findings

- Staff were knowledgeable about safeguarding patients but improvement was needed to ensure that the management of safeguarding procedures were robust.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies; appropriate medicines were available although they had limited access to life-saving equipment.
- Infection control procedures were in place although the practice needed to review the procedures followed for rinsing and manual cleaning.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- A limited number of complaints had been received and these were well managed. However further improvement was needed to complaints records and to ensure that learning was actioned and shared with staff.
- Governance arrangements were in place. The acting practice manager had planned and completed some improvements to aid the smooth running of the practice; however further improvements were required.

We identified regulations that were not being met and the provider must:

- Ensure that the processes for monitoring the quality and safety of the service are improved so that; staff use relevant procedures to promote learning from incidents and accidents, there are clear records to track prescriptions issued to patients, fire and environmental risks are assessed and managed, there is a process for monitoring the completion of staff training and annual appraisals.
- Review the procedure for rinsing and cleaning used dental instruments with due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices. Ensure that staff follow cleaning guidelines detailed in The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

- Ensure that records are held to evidence safe recruitment of all staff in line with Schedule 3 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the procedures used by staff for the management of sharp instruments with due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the safe and secure storage of clinical waste. (Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Assess the risk of fire at the premises and ensure that procedures are in place to manage and reduce the risks.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- The practice should complete audits of the service, such as radiography, dental care records, cleanliness and infection control, at regular intervals to help improve the quality of service.
- Implement written referral procedures to guide staff when referring patients for treatment.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice information for patients on the website and in the practice leaflet about the use of sedation services to ensure it is accurate.
- Strengthen the complaints system to improve access for patients, monitoring of the policy and ensure that learning is shared to promote improvement.

# Summary of findings

- Review lead roles within the practice to ensure that staff are adequately trained and skilled for these roles.

Improve the communication structure for staff to ensure they are fully informed and involved in improving and maintaining the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had safety systems in place although these were not always followed to ensure that learning and improvement could take place. For example not all incidents were reported in line with practice policy. Risk assessments were in place and had been reviewed but some of them were not sufficiently detailed to ensure the risks were well managed.

Safeguarding procedures were in place although there was no clear lead for safeguarding and not all staff had received training on safeguarding vulnerable adults.

There were systems in place for the cleaning and decontamination of dental instruments which were mostly in line with national guidelines. However the process for rinsing and manually cleaning used instruments did not follow national guidelines and required a review. Quality monitoring checks of the decontamination procedures were too infrequent.

Emergency medicines were available and fit for use. Medicines were prescribed to patients appropriately although improvements were required to the records. Equipment at the practice was well maintained. X-ray machines and other items of equipment had been serviced, maintained correctly and were operated by the appropriate staff.

### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood. Risks, benefits, options and costs were explained. Staff had access to training and development opportunities but there was no system in place to track progress with completion of mandatory training. Consequently we found that staff had not all completed some key training. This included training in the Mental Capacity Act, safeguarding and fire safety. Staff had not received an appraisal within the last year. Patients experienced appropriate referrals to other services although there were no referral guidelines in place for staff reference to ensure a consistent approach. Dental care records showed that patient consent to treatment was gained appropriately. The practice had not followed up on their consent audit results to ensure that improvement had been made.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patient information and data was handled confidentially. Patients told us that staff were caring, professional and always had time to listen to them. Treatment was clearly explained and they were provided with treatment plans and costs. Patients were given time to consider their treatment options and felt involved in their care and treatment.

### **Are services responsive to people's needs?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

Appointment times met the needs of patients and waiting times were kept to a minimum. A practice leaflet was available in reception to explain to patients about the services provided. This included information on how to access

# Summary of findings

emergency treatment. The practice had considered the needs of patients with a disability as part of a refurbishment plan that had not been fully completed at the time of the inspection. Some improvement had been made and although access was still limited staff could advise patients about access to an alternative practice. The practice had a complaints policy that outlined the process to deal with complaints. This required further development to improve quality monitoring and ensure that learning was being shared.

## **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Overall leadership of the practice was clear although a review of designated lead roles was required so that responsibilities were shared and communicated to staff. Staff met informally together but there was no regular formal structure in place to communicate changes in practice or quality monitoring issues. Staff told us they felt supported by the practice manager and they worked well together as a team.

The systems used to monitor the overall quality of the service required improvement. For example there were no environmental checks made of the quality of cleaning or health and safety checks. Fire risks and the risks of handling sharp instruments had been considered although further attention was required to ensure these were appropriately managed. Recruitment records were incomplete. Prescribed medicines could not be easily tracked as records were not robust.

Audits were not always used frequently enough to help drive improvement. Patient feedback was monitored and plans were in place to develop a patient survey.

# Newmarket Road Dentistry

## Detailed findings

### Background to this inspection

The inspection took place on 11 January 2016 and was led by a CQC inspector who was supported by a specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team and Healthwatch; however we did not receive any information of concern from them.

The methods that were used during the inspection included talking to people using the service, interviewing staff, making observations of the environment and staff actions and a review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents, incidents or significant events although the monitoring process required strengthening.

An accident book was in use to report issues that occurred to staff or patients at the practice. We found that ten accidents had been reported since March 2013. We found that one staff injury had been reported but the actions taken had not been clearly recorded to demonstrate that safe procedures had been followed to protect the member of staff. When we discussed the detail with the member of staff concerned they described that they had been supported in accordance with policy guidelines.

During an interview with a member of staff they described in detail an incident that had not been reported in either the accident book or on an incident log. Actions were taken at that time and there were no adverse outcomes. However, the lack of reporting and recording the event meant that the opportunity to review the issue, manage potential risks and identify any learning had been lost.

We asked the practice manager about other incidents or significant events that were not reported through the accident book. She informed us that no incidents had occurred in the last year. We reviewed the incident policy and found it guided staff on identifying incidents or adverse events and how to report them. There was no further documentation in place to support the use of the process for example incident reporting forms.

### Reliable safety systems and processes (including safeguarding)

A process of regular training for safeguarding children was in place for all staff at the practice. However, this was not in place for safeguarding vulnerable adults training. Of the seven staff recruitment files we reviewed, three staff who had regular contact with patients had no record of safeguarding adults training.

When we spoke with staff they were able to describe potential safeguarding concerns and told us they would

discuss their concerns with the practice manager. They did not demonstrate an awareness of the safeguarding reporting procedures or that they knew where to locate this guidance.

We reviewed the safeguarding children and safeguarding adults policies. These contained helpful information to staff on identifying potential concerns and how to take further action when abuse was suspected. The policy did not indicate who had overall responsibility for safeguarding within the practice and although staff would always discuss issues with the practice manager, the role of the safeguarding lead was unclear.

Staff we spoke with confirmed that patients were always seen by two members of the staff team which meant there was always a chaperone present.

Rubber dam kits were available in the treatment rooms. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. We spoke with two dentists who described how these were used for patients having root canal treatment. We found they were not in routine use. It was not clear what alternatives were discussed or what other precautions were taken to protect a patient's airway during the treatment.

### Medical emergencies

The practice held a stock of emergency medicines in line with the British National Formulary guidance for medical emergencies in dental practice. We checked the emergency medicines and found they were all within their expiry date and that staff completed a monthly medicines check. The practice held medicines for treating diabetic patients with a very low blood sugar level. Although the medicine was checked regularly and was within its use by date, it was stored in a domestic fridge along with food items. The temperature of the fridge was not checked regularly.

The oxygen cylinder was in date and this was checked on a weekly basis to ensure it was ready for use. The practice did not have access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. There was no documented risk assessment to support this decision although the acting practice manager

# Are services safe?

told us an AED was already on order. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

A first aid kit and an eye wash kit was available in a designated location of the practice. We saw evidence that at least one member of staff had a current first aid certificate. Staff had received appropriate training in managing medical emergencies.

## **Staff recruitment**

We looked at the recruitment files for six members of staff who had been recruited within the last two years. We found the principle dentist of the Antwerp House Group dealt with the recruitment of dentists separately to other staff. Although the recruitment process described to us was robust three sets of recruitment records for dentists did not include evidence of the interview process or that references had been sought. Other staff recruitment files demonstrated that the full recruitment process had been conducted.

There was a policy in place to guide the safe recruitment of staff although this contained minimal detail on checking employees identification or health assessment and was not dated. It was the provider's policy to complete Disclosure and Barring Service (DBS) checks for all staff. Most staff recruited had a DBS check performed prior to their appointment, however one member of staff did not have a relevant DBS check on file for their current role. The acting practice manager told us this had been recently noted and it would be acted upon as soon as possible.

## **Monitoring health & safety and responding to risks**

The practice had been undertaking refurbishments to improve the environment and facilities. This work had not been fully completed at the time of the inspection. There had been new tiled flooring laid throughout practice and in reception there was an uneven surface around the temporary desk. This had been clearly signed and marked for the attention of visitors and patients to minimise the risk of trips and falls.

During the inspection we noted that one designated fire exit door did not have an appropriate lock to enable staff and patients to exit the building quickly. Staff were aware of this documented risk and were managing the situation by ensuring the door was not locked with a key during the

hours of opening. However this meant the door was left ajar which also posed a security risk enabling access to staff cloakrooms and the managers office which were often unoccupied by staff. We asked to see a fire risk assessment of the premises and found this was not in place. In addition, staff had not received any fire safety training and there was no designated fire marshall. Fire extinguishers were in place and these were regularly serviced. There was no daily sign in/out log to demonstrate who was in the premises should a fire or other emergency occur.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. When we reviewed the risk assessments, we found they were not always sufficiently detailed to guide staff in the safe management of risks. For example a risk assessment for eye injuries and splash risks to staff did not contain sufficient control measures such as the supervision of staff and spot checks to ensure staff were following safe procedures.

Sharps bins were properly located, signed and dated although we found that a sharps bin in one treatment room had been filled beyond its recommended safe level. Not all staff were following safe practice for the management of sharp instruments and needles. For example a dentist told us they routinely resheathed needles without the protection of a needle guard.

There was a business continuity plan in place that linked with the other nearest dental practice located within the group.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified.

## **Infection control**

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The practice delegated overall responsibility for infection control to a dental nurse who who had not yet completed their training. We met with them to find out how reusable instruments were decontaminated.



# Are services safe?

There were separate zones for clean and dirty instruments to prevent cross contamination of instruments. Staff wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (a device for sterilising dental and medical instruments). However we noted that used instruments were being rinsed and manually cleaned in the same water and sink. We discussed this with the acting manager so that an appropriate alternative could be identified. We found that once sterilised, instruments were placed in pouches and dated to indicate when they should be reprocessed if left unused.

We found daily, weekly and monthly tests were performed to check that the decontamination equipment was working efficiently and correctly maintained. Records were kept of the results to support this.

We observed the waste management systems that were in place to dispose of, and store waste prior to its removal from the premises. The practice had an on-going contract with a clinical waste contractor. Staff removed bags of clinical waste at the end of each day and disposed of them in a clinical waste bin stored at the back of the premises. However, we found this waste bin was not locked and was not secured to the wall which meant it was not stored securely. We raised this with the acting manager and provider who told us they would review the situation as a matter of urgency.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment appeared visibly clean. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

A risk assessment for Legionella had been completed in July 2015. This process ensures the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff also conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

We found that there were supplies of liquid soaps and hand towels throughout most of the premises although one of the two toilets used by staff did not contain hand soap. We noted that hand hygiene gels were visible in some areas but not in others. Posters to display the correct hand washing techniques were displayed appropriately.

Infection control audits had been completed in November 2014 and again in December 2015. This was not sufficient to monitor and secure safe decontamination procedures. The practice sent us the action plan following December's audit. This detailed the actions required and an appropriate timescale for completion.

The premises were cleaned by a contracted cleaner. We found that the cleaning equipment used was not sufficient and did not follow NHS guidance. A cleaning log was in place but this was not being completed to evidence the cleaning that was taking place on a daily basis. There were no spot checks completed of the quality of the cleaning.

## Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual certificate for the testing of portable electrical equipment.

We reviewed the system for prescribing medicines. The prescription pads were stored securely however we found that a patient who had been issued with a prescription did not have this recorded clearly in their dental records. A further discussion with the dentists identified that these records required an improvement. The stock control system for medicines and dental materials did not enable staff to rotate the stock in a systematic way so that stock was used before the item expired. All items we checked were within their expiry date. Medicines were stored safely for the protection of patients.

## Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed in the treatment rooms.

X-ray machines were the subject of regular visible checks and records were maintained to support this. A specialist

## Are services safe?

company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the

equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This meant that patients were protected against the risks associated with taking X-rays as the staff were all competent in the safe use of the equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients were asked to supply their dentists with an assessment of their medical history, current health, medication being taken and any allergies. The information was reviewed at appropriate intervals to ensure that any potential health issues were considered as part of their dental assessment and treatment plan.

Patients dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

The dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. This enabled them to make a diagnosis which was discussed with the patient and treatment options explained. The patient notes were updated with the proposed treatment after discussing options with the patient. Where relevant, information about preventative dental measures such as smoking cessation advice, alcohol consumption, dietary advice and general hygiene procedures were supplied to the patient to improve their dental health. Patients were monitored through follow-up appointments that were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to another dental practice run by the provider or an alternative local dental practice. Once referrals had been made and treatment completed, the patients were referred back to the practice to monitor their post procedural dental care needs. Information for patients about sedation did not make clear that this was not offered at Newmarket Road Dentistry but at another local practice run by the provider.

Patient feedback we received showed that patients were satisfied with the assessments, level of information and the quality of the dental care they received.

### Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental practitioners gave advice on the prevention of decay and gum disease. They also referred patients to their hygiene therapists who were available at the practice two days a week. Advice was available on tooth brushing techniques and oral hygiene products such as high fluoride toothpaste for adults at high risk of decay. There was some information leaflets available for patients about oral health and other health promotion information was displayed in the waiting room. This included information for parents and children to support good dental care.

CQC comment cards that we viewed and patients we spoke with confirmed that they had received helpful health promotion advice.

### Staffing

The practice employed four dentists and a locum dentist to cover a period of maternity leave. They also employed two part time dental hygienists, a part time dental nurse and two trainee dental nurses. An acting manager and an assistant manager/receptionist also supported the team.

Planned staff leave could be covered with support from another local practice run by the provider. If this was not possible agency staff were used from time to time. There was an agency nurse working on the day of the inspection. We found they had received an induction to the practice.

The acting practice manager told us they were developing a system to monitor staff training as this had not been in place previously. There were some gaps in key training such as safeguarding adults and fire training and this was being addressed.

The acting manager told us that staff appraisals were not up to date. This was because the provider was reviewing systems to implement an appraisal system that took into account feedback from other colleagues. Staff told us they felt supported by the practice manager and they were given opportunities to learn and develop.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The dentists referred patients to specialists within the provider group, or to local services if the treatment required was not provided by the practice. This was always completed following discussion with the patient so that informed choices could be made where possible. Staff told us the care and treatment required was fully explained to the patient and referrals were completed promptly. However there were no formal referral protocols in place that guided staff on the timescales expected to achieve the referrals to prevent delays for the patient. We saw that details of referrals were recorded in patient's dental records and they were provided with a copy of their referral letters.

## **Consent to care and treatment**

The practice followed consent guidelines to ensure that patient's consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted and this was recorded in their dental care records. A dental records audit

was in place and this included checks of consent. The last audit identified some gaps in consent records and a planned reaudit for August 2015 had not been completed in order to monitor any improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Two dentists we spoke with demonstrated that they provided patients with information to make informed decisions. They were aware that they should consider each patient's capacity to consent but one dentist was unable to describe the process that should be used when a patient did not have capacity to make their own treatment decisions. We found that not all staff had received MCA training to ensure they had a full understanding of the MCA.

Staff we spoke with were familiar with the Gillick principles to ensure that children and young people were enabled to make their own decisions about their treatment, if this was age appropriate.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Staff we spoke with explained that they were mindful of keeping information about patients confidential particularly at the reception desk. When a patient required a confidential discussion about their care or treatment staff ensured they were able to do this in a treatment room where information could not be overheard by others. Patients' electronic dental care records were password protected and paper records were stored securely in locked cabinets.

On the day of our inspection, we observed that staff were polite, welcoming and respectful to patients.

We received a total of seven CQC comments cards completed by patients during two weeks leading up to the

inspection. The cards were very positive showing that patients had a good experience of using the service. Patients said that staff were friendly, put them at ease and listened to their needs.

### **Involvement in decisions about care and treatment**

We received comments on the CQC cards from patients who told us they received a good level of information from staff about their dental needs. This enabled them to make choices about their treatment when required. Patients we spoke with told us they were happy with the outcomes of their treatment and they had confidence and trust in the staff at the practice.

Patients we spoke with confirmed they received information about their dental costs prior to any treatments taking place. We also found that information about treatment costs for NHS and any private dental care was displayed in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice leaflet and website explained the range of services offered to patients. This included regular check-ups, fillings, extractions, root canal treatment and denture work. We noted the patient leaflet referred to the provision of sedation for anxious patients. However this was not available at Newmarket Road Dental Practice but was available at the main practice owned by the provider. The practice undertook mainly NHS and some private treatments. NHS costs were displayed in the reception area and in the practice leaflet. Private dentistry costs were also displayed in the reception area.

We reviewed appointments records and spoke with staff who explained the system they used to schedule enough time to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Emergency appointment slots for the dentists were held each day to ensure that some urgent requests from patients could be accommodated on the same day. If the practice could not provide a convenient appointment to meet the patient's needs, the practice advised them to try another dental practice within the group or the local dental access centre.

### Tackling inequity and promoting equality

Practice staff told us they had very few registered patients with limited English language skills. If required, they could access translation services. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice made a note on patient dental records to indicate whether a patient had particular needs, for example if they used a wheelchair. Patients with a disability who could not access stairs could be seen in the ground floor treatment room provided they were able to negotiate a small staep at the entrance to the property. The first floor of the practice had to be accessed by a steep set of stairs which were not suitable for all patients. The practice were

aware of this and had placed clear signs for patients to be cautious when accessing the stairs and gave information in the practice leaflet about the limitations of the premises. Hand rails were also fixed on either side of the staircase.

If the access to the practice was not suitable, patients were advised to attend an alternative practice run by the group that had better access and facilities. However, this was outside of the city and required additional travel.

The practice did not have a hearing loop available and told us they did not have any patients with profound deafness registered.

### Access to the service

The practice offered a range of general dental services and opened weekdays from 8.00am until 5.00pm with extended hours opening until 6.00pm on Thursdays. Most of their services were provided to NHS patients with approximately 20% of the service devoted to private dentistry. This included the services of a dental hygienist. Patients who were very anxious and required treatment under sedation were referred to another Cambridge practice owned by the provider.

The interval in between routine check-ups was determined by each dentist in line with national guidelines. Patients we spoke with were satisfied with access to routine and emergency appointments. The practice operated a system to remind patients of their appointment details by email or text messaging if the patient had given permission for this.

Information about obtaining emergency care out of hours was displayed in the reception and was available in the practice information leaflet. Out-of-hours cover is provided by the NHS 111 service and a separate telephone contact number was provided for private patients.

### Concerns & complaints

The practice had a complaints policy in place. We found this was undated and noted that it did not include reference to learning from complaints and sharing the outcome of any investigation with staff to help improve the quality of the service. The acting practice manager was responsible for dealing with any complaints received, investigating them or referring the issues to the relevant dentist if appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

Information on how to raise a complaint was available in the practice leaflet and the code of practice for complaints was displayed in the waiting room. There was no information on the complaints procedure available on the website.

The practice had received three complaints in 2015. The acting practice manager had identified that a complaints log was not in place to enable a clear overview of the issues received so that any trends could be identified and the timeliness of responses to complaints monitored.

A review of the records and a discussion with the practice manager demonstrated that the complaints were acknowledged, investigated and that patients received an

apology. However, there were no records to demonstrate the learning that had taken place, how this was shared and used to inform practice. The acting practice manager could describe an example of action taken following the learning from a complaint, however there were no records to support it.

Patients we spoke with had not needed to raise a concern or complaint with the practice and told us they would feel comfortable raising an issue with any member of staff.

Staff had not received training in complaints but were asked to read and sign the complaints policy as part of their induction to the practice.



# Are services well-led?

## Our findings

### Governance arrangements

It was the responsibility of the practice manager to lead on governance and quality monitoring issues with the support of the company director/provider. The practice manager's across the company met together and they also shared a number of policies issued to support a common approach.

There was a full range of policies and procedures in use at the practice that were up to date. These included health and safety, infection prevention and control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and were asked to sign to say they had read and understood key documents such as whistleblowing, radiography and health and safety. Although policies were accessible we noted that some, such as dealing with sharps injuries and safeguarding patients were not readily available in treatment rooms to enable staff to have reference them easily.

There were no regular practice meetings to discuss internal quality issues, share feedback and learning. However learning lunches were organised regularly for the staff and they told us these were useful.

The provider held meetings for the practice managers on a monthly basis. These were used to discuss business matters with the Director of the group. Issues also included group wide policies, systems for gathering patient feedback and development of the website.

Systems were in place to ensure that equipment such as machinery used in the decontamination process and fire safety equipment were regularly checked and serviced. Risk assessments were in place although these required a review to ensure each one had sufficient detail in how to reduce the risks. Quality monitoring spot checks were not in place for the cleaning contractor to ensure that appropriate standards of cleanliness were being maintained. Other environmental checks had not identified health and safety issues such as an overfilled sharps bin and unsecured clinical waste containers.

Records we reviewed showed that some audits had taken place for infection control, dental records and radiography. We found that further action was not always taken to help drive improvement. For example a reaudit for dental records was planned in August 2015 but had not taken

place. The records audit showed poor results for the number of patient's dental records that included the name of the patient's GP and patients' giving signed consent to their treatment plans.

### Leadership, openness and transparency

There was a leadership structure in place and staff understood their own roles and responsibilities within the practice. However, we found that lead roles required a review. A trainee dental nurse with limited experience was the designated lead for decontamination and infection control. There were no designated staff to act as a fire marshall and no clear designated lead dental nurse.

Staff told us they worked well as a team and the acting manager was approachable and supportive. Most staff employed at the practice worked part time and opportunities to meet together were very limited. There were no staff meetings held at the practice and any information was passed to them informally. Communication by email was limited as staff did not all have a work based email address. The provider was looking to develop this in the future.

All staff knew how to raise any issues or concerns and were confident that action would be taken by the practice manager without fear of discrimination.

### Learning and improvement

There were informal systems in place to share learning and discuss quality improvements as staff had limited opportunities to meet as a wider group. Staff recognised and acted on complaints and reported accidents. Further development was needed to ensure that staff recognised other incidents or significant events that were a risk to, or caused disruption to the day to day running of the service. These issues were not always recognised and reported so that appropriate action could be taken and learning shared.

We saw evidence of training and continuing professional development that was available to staff. However, not all staff had completed key training and a system to monitor progress with training was being developed.

The provider held monthly journal clubs (although these were temporarily suspended) and all dentists within the nine locations run by the provider, were expected to attend as part of their professional development.



## Are services well-led?

Dentists and dental nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The provider was registered to train new dentists and consequently ensured they remained up to date with general dentistry practices.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice used the NHS friends and family test to monitor patient satisfaction and address any comments or concerns. The monthly results were monitored by the acting practice manager. Feedback to date had been

positive. The results were not displayed and were discussed on an informal basis with staff. They had not received any constructive comments that could lead to service improvement.

The practice had not used a patient survey for more than a year as they had not previously been very successful. The provider was considering the use of an online survey but this was not available at the time of the inspection visit.

The practice manager also checked the NHS Choices website on a regular basis and responded to all comments appropriately.

Staff we spoke with told us their views were sought informally and the acting manager was approachable.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Staff did not always follow relevant procedures to promote learning from incidents and accidents.</p> <p>Fire risks had not been appropriately assessed or managed. Clinical waste was not stored securely.</p> <p>Some staff had not received training in safeguarding vulnerable adults and were not confident in the use of local reporting procedures. There was no named designated lead for safeguarding.</p> <p>Used dental instruments were being rinsed and cleaned in the same sink. Cleaning equipment used did not follow national guidelines. Cleaning logs were not kept and spot checks of the cleaning were not completed. This was not in accordance with HTM 01:05 guidelines: Decontamination in primary care dental practices or The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.</p> <p>Although a system for monitoring staff training was under development, staff had not all completed key training and had not received an annual appraisal.</p> <p>Regulation 17 (1)(2) (b)</p> <p>There was no effective system in place to track prescriptions issued to patients.</p> <p>Regulation 17 (1)(2) (c)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

This section is primarily information for the provider

## Requirement notices

The practice did not have an effective recruitment process in place. There was insufficient information on each person employed as specified in Schedule 3 of the Health and Social Care Act 2008)Regulated Activities) Regulations 2014.

Regulation 19 (1)(2)(3)(a)